donors, raising the interest in scaling-up the donors and parasite isolates to be tested.

Conclusion: The selected set of putative virulence-associated genes will be used to classify field-collected isolates according to their putative virulence.

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The efficacy of artemether-lumefantrine in treating uncomplicated malaria: a study in Samarinda, East Kalimantan, Indonesia

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Background: Resistance to antimalarial drugs such as chloroquine, sulfadoxin-pyrimethamine has been reported from almost all endemic areas in the world, including Indonesia. Some studies in Indonesia showed plasmodium resistance to chloroquine or sulfadoxin-pyrimethamine were from 20% to as high as 80%. Therefore, these drugs should be replaced by artemisinin derivatives that currently known as the most potent antimalarial. *Artemisinin Combination Therapy* (ACT) has been used in Indonesia since 2004 and now there are three ACTs recommended by The Ministry of Health. The aim of this study is to evaluate the efficacy of artemether-lumefantrine in treating uncomplicated malaria.

Methods: This study was conducted at A. Wahab Sjahranie General Hospital Samarinda, East Kalimantan, Indonesia from January 2010 to December 2011. Subjects were uncomplicated adult malaria patients treated with fixed-dose combination of 20 mg artemether and 120 mg of lumefantrine (Coartem®) 1 tablet every 12 hours for 3 days. The variables measured were *fever clearance time* (FCT) and *parasite clearance time* (PCT)

Results: During the period of 24 months, there were 47 patients fulfilled the criteria of this study, consisting of 45 males (95.83%) and 2 females (4.17%). Age distribution was as follow: 15-24 years 10 (22.92%), 25-44 years 30 (62.50%), 45-64 years 7 (14.58%). There were 26 patients (56.25%) infected by *P. falciparum* and 21 (43.75%) by *P. vivax.* MeanFCT in the group infected by *P. falciparum* was 16.6 hours and in group infected by P. vivax was *7.1 hours*. On the third day of treatment (D3), all subjects were free of fever. Mean PCT for *P. falciparum* group was 1.92 days and for *P. vivax* group 1.90 days. On D3, 92.3% of *P. falciparum* group were free of parasites and in the *P. vivax* group 95.2%. On D4, all patients were free of parasites. No patients developed into severe malaria. No significant adverse effects were found in this study.

Conclusion: Artemether-lumefantrine has high efficacy against uncomplicated *falciparum* and *vivax* malaria. Adequate clinical and

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Pulmonary embolism revealing a cardiac hydatic disease

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Background: The cardiac hydatidosis is a rare and serious localization which can complicate of an arterial hypertension pulmonary (PH) consequence of a secondary pulmonary embolism in the rupture of the hydatid cysts (HC) in the right cardiac cavities or a fistulization of a hepatic HC in the inferior vena cava (IVC).

Methods: To review 2 cases reports to illustrates a unusual etiology of PH

Results: Case report 1: 37 years old woman is investigated a lung and renal syndrome mimiking ANCA vasculitis. Medical history begins a few weeks rather with a acute dyspnoea mimicking embolism disease and leading to the diagnosis of a release of pulmonary ball. The degradation of the renal function requiring 9 sessions of hemodialysis which allows to get back the renal function. An bilateral pulmonary embolism at the origin of a pulmonary hypertension (PH) is observed in the following up. The cardiac MRI make the diagnosis of HC localized in the right ventricle complicated with a hydatic pulmonary embolism. Liver scanner tomography imaging does not localize HC at the hepatic level nor at the level of the IVC. The patient receives a symptomatic treatment and is transferred in thoracic and cardiac surgery.

Case report 2: 27-year-old man in the history of bilateral lungwort hydatidos witch was operated three years among devellops an pulmonary embolism revealed by an acute dyspnoea and a hemoptysis. The data of the thoracic angioscan confirms an secondary bilateral massive pulmonary embolism in the rupture of a cardiac HC of the right ventricle. So the patient benefits a cardiac surgery (cystectomy) under extracorporeal circulation. The immediate course is favorable. However in 3 months of the intervention the patient is seen again for a dyspnoea stage III of NYHA with signs of right-sided heart failure. The cardiac echo-Doppler ultrasound method objectifies then PA (80 mm Hg of pulmonary arterial systolic pressure) and note dilatation of the right cavities. The cardiac MRI does not objectives local recurrence.

Conclusion: PH is dramatic complication of the rupture of the HC of the right ventricle and aggravates the prognosis of this still